Tuberculosis Reporting Made Simple
(or The A-F-B's of TB Reporting - 2001)

How do I submit a report and how quickly must it be submitted?

HFS 145, Appendix A, divides the reportable communicable diseases into three categories. **Tuberculosis** is included with Category I diseases of "urgent public health importance" that "shall be reported **IMMEDIATELY** to the patient's local health officer **upon identification of a case or suspected case**." In addition to the immediate report (phone or fax) complete and mail or fax an Acute and Communicable Diseases Case Report (DPH 4151) **within 24 hours**. Health care providers report to the local health department; health departments report to the state TB Program/epidemiologist. One complete, accurate 4151 is all that is needed.

Nontuberculous mycobacterial disease is included in Category II which are diseases that "shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DPH 4151) or by other means **within 72 hours** of the identification of a case or suspected case."

Does extrapulmonary tuberculosis (tuberculosis in any other part of the body other than the lungs) need to be reported within the same time frames?

YES.

How do I know someone is a TB "suspect?"

The TB Program, Wisconsin Division of Public Health uses the following criteria to indicate "suspect" status:

1) Clinical signs and symptoms that suggest TB is *definitely suspected* by a health care provider, generally documented as a suspicion in the patient's medical record (e.g. chest x-ray impression states "probable TB.") This does not include every person who has "rule out" TB as a differential diagnosis just because they have a cough and the physician has ordered a skin test.

OR

2) AFB positive smears where there is no previous laboratory report of non-tuberculous mycobacteria

OR

3) Health care provider's suspicion of TB as indicated by written prescription of at least 2 anti-tuberculous medications for a period of more than 2 months. (The two drug regimen, Rifampin and Pyrazinamide for 2 months to treat TB infection does *not* apply to this criteria.)

What if a specimen was smear negative, but the culture is positive for a not-yet-identified mycobacteria? (Smear negative, culture positive for AFB, identification pending)

If the patient meets at least **one** of the above criteria for a TB **suspect**--**report**.

If the patient does not meet the above criteria, and if identification of the AFB is imminent (i.e.: identification will be complete in-house or at a reference laboratory within the week) report according to requirements **after identification** is known.

If the patient does not meet the above criteria, but identification is expected to be delayed (e.g.: reference laboratory is located out of state), **report** as a TB **suspect**. (Correct later if TB is ruled out.)

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Legal background:

Excerpts from:
DEPARTMENT OF HEALTH AND FAMILY SERVICES
Chapter HFS 145

CONTROL OF COMMUNICABLE DISEASES

HFS 145.03 Definitions. In this chapter:

(1) "Case" means a person determined to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

(15) "Suspected case" means a person thought to have a particular communicable disease on the basis of clinical or laboratory criteria or both.

HFS 145.04 Reports of communicable diseases. **(1)** RESPONSIBILITY FOR REPORTING. (a) Any person licensed under ch. 441 or 448, Stats., knowing of or in attendance on a case or suspected case shall notify the local health officer or, if required under Appendix A of this chapter, the state epidemiologist, in the manner prescribed in this section.
(b) Each laboratory shall report the identification or suspected identification of a disease–causing organism or laboratory findings indicating the presence of a communicable disease to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist.
(c) Each health care facility shall ensure that reports are made to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, in the manner specified in sub. (3). When a case is identified or suspected in a health care facility having an organized program of infection control, the person in charge of the infection control program shall ensure that the case or suspected case is reported to the local health officer or, if required under Appendix A of this chapter, to the state epidemiologist, minimizing unnecessary duplication.

(3) URGENCY OF REPORTS. (a) A person, laboratory or health care facility required to report under sub. (1) shall report communicable diseases of urgent public health importance as listed in category I of Appendix A of this chapter to the local health officer immediately upon identification of a case or suspected case. If the local health officer is unavailable, the report shall be made immediately to the state epidemiologist.

(4) HANDLING OF REPORTS BY THE LOCAL HEALTH OFFICER. (a) The local health officer shall notify the state epidemiologist immediately of any cases or suspected cases reported under sub. (3) (a).